

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/18

**FILED**

**May 17, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90266 006 \*\*\*\*70.00

**DOCUMENT # N99000006138**

1. Entity Name

**MINISTRY OF MIRACLES INTERNATIONAL YOUTH MINISTR**

Principal Place of Business

6895 S.W. 16TH STREET  
PEMBROKE PINES FL 33023

Mailing Address

6895 S.W. 16TH STREET  
PEMBROKE PINES FL 33023-2059

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0968134**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FOX, BARI**  
**6895 S.W. 16TH STREET**  
**PEMBROKE PINES FL 33023**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	BARI FOX	"O"
STREET ADDRESS	6895 S.W. 16TH STREET	
CITY-ST-ZIP	PEMBROKE PINES, FLORIDA 33023	
TITLE	COO	<input type="checkbox"/> Delete
NAME	JULIEN WADDELL	"O"
STREET ADDRESS	6895 S.W. 16TH STREET	
CITY-ST-ZIP	PEMBROKE PINES, FLORIDA 33023	
TITLE	ADMINISTRATOR	<input type="checkbox"/> Delete
NAME	MARGE BAMBURY	"D"
STREET ADDRESS	13841 S.W. 36TH COURT	
CITY-ST-ZIP	DAVIE, FLORIDA 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**BARI FOX** **CEO** **4/11/2000** **816 582-0182**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR20017 (UBR)